## MULTIP DEPENDENT CLAIM FEE CULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL 540637 FILING DATE
APPLICANT(S)

## **CLAIMS**

|           | L  | AS FILE         |                |          | AFTER 1 AMENDMENT   |          |               | AFTER 1 AMENDMENT |              |              |          |
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| TOTAL     | 2 2  | <u> </u>        | 12.00          |          | 1   | 7        | <b>76</b> 9-€ |                   |              | Page .       | -        |
| CLAIMS    | 26   | <u> </u>        |                |          |   |          |               |                   | <u> </u>     |              |          |

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| 80<br>81         | ╂╌         |              |              |                |              |              |                    |               |  |
| 82               | ╁          |              |              |                |              |              |                    |               |  |
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| 100              | -          |              | <del></del>  |                |              |              |                    |               |  |
| TOTAL IXD.       |            |              | <b>4</b>     |                | 4            | •            | 1.                 | ₽             |  |
| TOTAL DEP        |            | 4            | a            | <              | a l          |              | _<br><b>*</b>      |               |  |
| TOTAL,<br>CLABES |            | 100          | <b>100</b>   |                |              | **           |                    | ALC:          |  |
|                  |            |              | DEPARTME     | NT «CON        | Section 1    |              | 1238               | 202           |  |

U.S. DEPARTMENT OCOMMERCE